

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90367 018 ***150.00

DOCUMENT # P00000009966			
1. Entity Name MARINO LANDSCAPING, INC.			
Principal Place of Business 15404 S. PEBBLE LANE FT. MYERS, FL 33912 1704 JEFFERSON AVE FT. MYERS, FL 33901		Mailing Address 15404 S. PEBBLE LANE FT. MYERS, FL 33912 P.O. Box 60812 FT. MYERS, FL 33906	
2. Principal Place of Business 15404 S. PEBBLE LANE 1704 JEFFERSON AVE FT. MYERS, FL 33901		3. Mailing Address P.O. Box 60812 Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33909 33901		Zip 33906	
Country		Country	
4. FEI Number 65-0978254		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARINO, NICK 15404 S. PEBBLE LANE FT. MYERS, FL 33912 P.O. Box 60812 FT. MYERS, FL 33906		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 866 Cal Cove Drive 1704 JEFFERSON AVE City Ft. Myers FL Zip Code 33909 33901	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARINO, NICK 15404 S. PEBBLE LANE 1704 JEFFERSON AVE FT. MYERS, FL 33912 FT. MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 60812 Ft. Myers, FL 33906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date: 4/14/06 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Nick Marino			